

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee ID Number _____

Last Name _____ MI _____ First Name _____

I hereby authorize the State of Ohio to make the following deduction from my earnings:

CREDIT UNION

New Authorization *Change* *Cancellation*

Name of Credit Union: STATE TRANSPORTATION EMPLOYEES CREDIT UNION, INC.

Deduction Amount _____ **Credit Union TRC Code: CRUE28**

I hereby authorize the State of Ohio to make the following deduction from my earnings:

New Authorization *Change* *Cancellation*

OTHER

Type of Deduction _____ Deduction Amount _____

Employee Signature _____ Date _____

Payroll Use Only

Date _____

Signature _____

Please return this form to your state payroll officer; or, you can fax or mail this form to us at the following address/fax#:

STE Credit Union
1980 W. Broad Street
Columbus, OH 43223
Fax#: 614-466-5118

For security purposes, please do not email this form. If you have any questions, contact our office at 614-466-4988 or 800-434-7300.